

Good morning. I see it's my turn to have a picture from my childhood, but one thing that you may be surprised why there are two children. I happen to have a twin sister. And believe me, when you have to share your mother's womb with a woman, it gives you a very different perspective on life – (laughter).

This is – this is potentially a historical moment. The first child survival revolution stemmed from an alliance between UNICEF and USAID, galvanized by the legendary figure of Jim Grant who actually served in both agencies. This first revolution was largely guided by the comprehensive framework developed in the classical 1984 paper by Henry Mosley and Lincoln Chen.

We are now poised for a second child survival revolution. The data that my friend Hans Rosling will be presenting later is clear. Thanks to the first revolution, the world has made extraordinary progress in the past decades in the reduction of child mortality. However, there are still more than seven million children dying every year, most of them from preventable causes.

The bold vision of ending preventable child deaths is the guiding force for the second revolution. To realize this vision, we need a new roadmap, a concrete guide with specific milestones that are subject to evaluation and mutual accountability. I am sure that many of you will be enriching the roadmap with your comments, your insights, and especially with your great accumulated experience. So in this brief presentation, I will not describe the content of the roadmap, but rather offer some reflections that may be useful as we continue to move forward in this call for action.

I would like to suggest that the key word for the roadmap is integration. There are three dimensions of integration: within the health sector, across to other areas of social policy, and among countries.

First of all, we must integrate specific interventions with efforts at strengthening the health system. The common quest for child survival offers a golden opportunity to bridge the longstanding divide in the global health community between the vertical and the horizontal approaches. As we all know, the vertical approach focuses on specific interventions, specific disease categories. And it has a great advantage of having measurable deliverables. But it has the huge disadvantage of fragmenting the health system and incurring an inefficient mode of operation.

The horizontal approach aims at strengthening the general functioning of the health system, but often does so without a clear sense of priorities. What we must do is achieve a synthesis through – (inaudible) – has called a diagonal strategy. Through the diagonal strategy, specific interventions to address disease priorities are used as the drivers to introduce general improvements in the overall functioning of the health system. And in this way – and this, I think, is very important – we prepare for the consequences of success because health priorities are intrinsically dynamic and every time a child survives to age 5, that very fact faces him or her with the next set of health challenges. So preparing for the consequences of success, dealing with the next generation of health priorities can only be done if we use those specific current priorities to drive general improvements in the health system.

Now, maternal and child deaths are perfect priorities to advance the diagonal strategy since they simply cannot be prevented without a functional health system.

Integration within the health system also implies addressing the entire continuum of care, related to the health of women and children as endorsed by the 460 organizations from all constituencies that are members of the Partnership for Maternal, Newborn, and Child Health, whose board I have the honor of chairing.

In this comprehensive view of the continuum of care, it is crucial not to leave aside the health of women. And I don't mean women only as mothers, although this is certainly very important, but I also mean women as the most important decision-makers when it comes to the health of all family members and also women as the most numerous contingent of the health workforce.

Now, an example of a diagonal strategy focus on the continuum of care comes from the time when I had the honor of serving as the minister of health of Mexico, where in the context of an overhaul of the entire health system aimed at introducing universal health insurance, it was possible to carve out a specific strategy called Fair Start in Life that focused on maternal, newborn, and child health with the idea of giving every new generation the opportunity of starting the race for life from the same start line. And First Start in Life allowed us to focus priorities and use that as part of a transformative effort to strengthen the entire health system and a reform that has now allowed Mexico to achieve universal health coverage.

So this is the first dimension of integration, integration within health. The second dimension of integration refers to the connection between health and other areas of social and economic policy. This is the only way to act upon the determinants of child survival. Again, a concrete example of integration across conventional sectors is offered by conditional cash transfer programs that have proven to be so positive and we just heard from the ministry of India of the extraordinarily successful example in using conditional cash transfer.

In my country, Mexico, these cash transfers have been used to create incentives for families to invest in their own children by integrating three fundamental pillars: health, education, and nutrition, and with a gender focus so that the transfers for girls attending school are higher than for boys, since girls are selectively discriminated in the access to education.

In addition, these programs have had important impacts, not only on child survival, but also on women empowerment, since the transfers are directed to the women heading the households.

In addition, we should end the artificial divide between social and economic policies. So it's not just integration across areas of social policy, but also across economic policy. These are really two sides of the same coin. If we do this, we will be able to persuade economic decision makers to invest in child survival, not only because it is the right thing to do on ethical grounds, but also because it is the smart thing to do in order to achieve economic prosperity, as Secretary Hillary Clinton so cogently explained when she referred to the demographic dividends.

Finally, the third integration is integration among countries, in the search for a common road with all the specific adaptations to local circumstances, but a common set of commitments to end preventable child deaths.

This integration among countries will help to disseminate and adapt – not adopt, adapt – successful practices through a process of shared learning. This also means the willingness to hold ourselves accountable just as we have done with the Millennium Development Goals.

Shared learning and accountability are essential in light of a striking reality. We know that countries with exactly the same income per capita and exactly the same level of expenditure per person achieve widely different results when it comes to health outcomes. This means that policies are truly important and that there's a huge space for evidence-based learning, shared learning about what works, what doesn't work, and under what circumstances. And this is truly a global public good that we must produce through our collective action.

Let me end by suggesting that there are in my mind four crucial factors in the implementation of the new roadmap, which can be remembered with the acronym LIST – L-I-S-T; LIST – which stands for leadership, institutions, systems, and technologies. And they're in inverse order of complexity.

First, technologies – obviously technologies such as vaccines, drugs, diagnostic methods are essential. And this is where we have focused a lot of our attention. But we also need system, information systems, procurement and supply systems, personnel systems, because only through systems can we assure the conjunction of all resources to make sure that those technologies get effectively deployed.

There're also huge innovations in systems that we've just heard from the ministers of India and Ethiopia and the DRC. But systems need to be part of institutions. In the end, development is mostly about institution building. And there's a crucial institution that I think has been neglected. Those are ministries of health. I think strengthening the stewardship role of ministries of health is essential in order to create equitable rules of the game for the active involvement of civil society organizations and the private sector.

And obviously, institution-building is a long-term effort, so it really depends on the last element of the LIST, leadership. We need a global movement to nurture leaders who can develop the strategic vision, the technical knowledge, the political skills, and the ethical orientation to lead the complex processes of policy formulation and implementation because without leaders, even the best designed systems will fail.

Now, leaderships is exactly what we have in this room through all of you. We need to focus the force of leadership on the health of women and children. There is a concept that captures the urgency of this potentially historical moment and the imperative to act. And this is the concept of the cost of inaction, inspired by the work of Albina du Boisrouvray, Sudhir Anand, and Amartya Sen among others. This is the harm that occurs by not doing what we know works. We tend to calculate the cost of action when we do cost effectiveness, but the cost of

inaction is the cost that occurs when we not do what we know works. And this especially dramatic in the case of children. And this is the dreadful scenario that Minister Tedros said he doesn't want to leave for his daughter. But we can avoid the cost of inaction. We know the "whats" – what is killing children and what is the continuum of care to address those causes of death. We now need to focus on the "hows" – how to scale up to reach the marginalized children and women of our world.

A clear roadmap will make the bold vision that has brought us together achievable. In this way, the global movement for child survival will lead to the ultimate expression of integration, the integration between the economic development of societies and the human development that allows each individual to realize his or her full potential.

In this spirit, let us all embrace the call to action so that the second will also be the definitive child survival revolution.

Thank you very much for your attention. (Applause.)